2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am Secretary of State **DOCUMENT # N38885** 02-11-2002 90118 008 ****61.25 ADORNO & ZEDER EMPLOYEES CHARITABLE FOUNDATION, INC. Principal Place of Business Mailing Address 2601 S. BAYSHORE DR. 2601 S. BAYSHORE DR. **SUITE 1600** SUITE 1600 MIAMI FL 33133 MIAMI FL 33133 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0202632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **GUERRA, PHILLIP** 2601 S BAYSHORE DRIVE **SUITE 1600** Zip Code **MIAMI FL 33133** FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Change TITLE. ☐ Delete ADORNO, HENRY N. NAME NAME 2601 S BAYSHORE DR,#1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change ☐ Addition TITLE ☐ Delete TITI F ZEDER, JON_W. NAME NAME 2601 S BAYSHORE DR,#1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change YOSS, GEORGE T NAME NAME STREET ADDRESS 2601 S BAYSHORE DR.#1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Delete TITLÉ ☐ Change Addition **GUERRA. PHILLIP** NAME NAME 2601 S. BAYSHORE ADRIVE, STE. 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

arry for the exemption stated (1) Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required (1) Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling do indicated on this report or supplemental report is true and ad of the corporation or the receiver or trustee empowered to e changed, or on an attachment with an address, with all other

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/22/02

(305)858 - 5555